should state

1. PLACE OF DEATH	(191)	1004
County Cecil	Registration Dist. No	9/
	death occurred in a hospital or institution, give its NAME instead of s	
	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME William Word Blan	clan	
(a) Residence: No. Scalle (Usual place of abode)	St., Ward. If nonresident give city or	town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
3. SEX 4. COLOR OR RACE OR BYORCED (write the word) OR BYORCED (write the word)	21. DATE OF DEATH Security (Month) (Day)	1933 L (Year)
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of Mary Ethel Beaston	1 , , , , , , , , , , , , ,	26 ,1932
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the dete stated above, at 11.	19 3 2, death is sald
44 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importo were as follows:	Date of onset
8. Trede, profession, or particular kind of work done, es SPINNER, Boalman SAWYER, BOOKKEPER, etc.	Cardiovasula Pluat	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and	duine	when
10. Date deceased last worked at this occupetion (months and 5, 1932 spentin this year)		
12. BIRTHPLACE (city or town) Luceur auce County	Other Contributory Causes of importance:	dec:
(State or country) Menjand	Cartial tailine	14-203
13. NAME Oudew Blaston 14. BIRTHPLACE (city or town) Meidletown (State or country)	Name of operation Unic	Dele of
(State or country) Delaware	What test confirmed diagnosis? Wes	there en eutopsy?
15. MAIOEN NAME Calhargier de Mareirer	23. If deeth was due to external causes (VIOLENCE) fill in also the	following:
15. MAIOEN NAME Caltague de Mariner 16. BIRTHPLACE (city or town) les esperale et V	Accident, sulcide, or homicide? Oate of Injur	ry, 19
Man Glal Bearlan	Where did Injury occur? (Specify city or town, count Specify whether Injury occurred in INDUSTRY, in HOME, or in P	ty and State)
17. INFORMANT Cheropeole City Wed	Specify whether injury occurred in the section, in the major	
18. BURIAL, CREMATION OR REMOVAL Place Bethir Ceruting Oate, 12/29, 1932	Manner of injury	
19. UNDERTAKER (Address) The Little Medical Me	24. Was disease or injury in any way releted to occupation of dec	eased? ZCO
20. FILEO 12/29 , 1932 B. Haward Brown Registrar.	(Signed) Che Serferie	Cet hed

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis + 3 - 4	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 1033	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HARAU V. B.			
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(IR)
County Ceal	Registration Dist. No. 40
Village or City Ce ellou	No. St., Ward
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) 105. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Levi Boyer	
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (Frie the word)	21. DATE OF DEATH Of Dember 3, 193 2 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF RIPTH (month day and wast) Nov. 16 -1881	last saw harman alive on No e 31 19 32 death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hi ormin.	w have occurred on the date stated above, at 15 Pm.
8. Trade, profession, or particular kind of work done, as SPINNER.	O CO D CO TOTO
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	alle Corre a sales of
9. Industry or business in which work was done, as SILK MILL abacet SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Ceeltou	Other Coutributory Causes of importance:
(State or country) md	aluli gastriles
14. BIRTHPLACE dty or town Cecif Co.	
Z 14. BIRTHPLACE (dty or town) Cecel (D)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lane Gueffus 16. BIRTHPLACE (city or 10 wm). Coe exe	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or bown) COE CT	Accident, suicide, or homicide?Oate of injury, 19
(State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Carbin Institution (Address) Cecillon Jul.,	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL -	Manner of injury
Place Date Date ,19	Nature of injury
19. UNDERTAKER SAICH O MOORE (Address) middle www. 9el	24. Was disease or injury in any way related to occupation of deceased?
20. FILED See 7 , 19 ³³ Olowan Registrar.	(Signed) Caracine Foodson M. O (Address) Ceellay, M.d.,
If more blanks are needed, address State Registr.	ar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Attack of epilepsu Arteriosclerosis 1915 1 week ago Run over by street cur Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

			4
			*

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Cecil	Registration Dist. No.
Village or City north Cast md	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME Emma Elizabeth (a) Residence: No. 7 orth East Md	Bryon_ St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
J. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Translat Brassa	22. I HEREBY CERTIFY, That I attended deceased from here 24 1932 to blee 24, 1932
244 5 1869	I last saw her alive on lee a 1, 193 c death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 4 1 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	were as follows: Date of onset
9. Industry or business in which work was done, as SILK MILL,	Come your blee 24/32
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
12. BIRTHPLACE (city or town) North Cash	Other Contributory Causes of importance:
(State or country)	
13. NAME Cobury Wilson	
14. BIRTHPLACE (city or town) Lord East	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. Stote or country)	23. If death was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) YWY Cash (Stete or country)	Accident, sulcida, or homicide?
17. INFORMANT Devj. a. Byyan	Where did injury occur? (Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place North East ME Center Date Jan 1 193	Manner of Injury Nature of Injury
19. UNDERTAKER JOSEPH R Clear Med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 12- 30-32,19 Les W. Clarens Registrar.	(Signed) M, D. (Address) W Cut.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example H	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 130.9
1. PLACE OF DEATH	(F3)
County Cecil	Registration Dist. No.
Village or City	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2/ 0 0 0 0	neron
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 1. S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Aircle	21. DATE OF DEATH DEcember 75, 1937 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	, , , , , , , , , , , , , , , , , , , ,
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Febry 11, 1895	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
37 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER. Perfaurant waiter	accidental drowning Date of onset
Kind of work done, es SPINNER. Lestaurant waiter SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 1927 spent in this year)	
12. BIRTHPLACE (city or town) Elekton, Med.	Other Contributory Causes of importance: alcoholism 12/25/32
14. BIRTHPLACE (city or town)	Name of according
(State or country) Cell County, Ind	Name of operation Date of What test confirmed diagnosis? Was there en autopsy? Each
15. MAIDEN NAME Cennie a. Firguson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Currie A. Fuguson 16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, suicide, or homicide? accident Date of injury 17/25, 1932
0 , 10	Where did Injury occur? C.Specify city or town, county and State) Specify whether ipjury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT Mus. Cumie J. Cameron (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury drowning
Place CfRlon Centlong Date Dec 30, 1932	Nature of injury fall from boal
19. UNDERTAKER Ala Papping (Address) Welder Ma	24. Was disease or injury in any way related to occupation of deceased?
(A. 15 00 10 1.0	(Signed) I Rocking Frager Coronegues
20. FILED TE THE Registrar.	(Address) Elleting hid.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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BUREAU V.S.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

			1080	
//			Registration Dist. No.	95
lan	dsyill	e	ND. St.,	Ward
n where d	aath occurred 45	yrs. / O mos	death occurred in a horpital or institution, give its NAME instead of street a	nd number)mosds.
MY	Be11	e C	Haig	
			St., Ward.	
	(Usual place of al		If nonresident give city or town	
	CAL PARTICU		MEDICAL CERTIFICATE OF DEATH	4
te	5. SINGLE, MARRIEI OR DIVORCED (**	write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u>2</u> (Year)
C	Crai	9	22. I HEREBY CERTIFY, That I attended to the state of the	1932
nths	1 23 10	If LESS than day,hrs.	to have occurred on the date stated above, at	Oate of great
1.0 v	11. Total time spent in occupati	Me (years) this 45		
ber	omas/I	ove Jussell	Other Contributory Causes of importanca: Clearly Myseordalis	6 days
ibo	enty Gn	Ma.		20
in	Hulda (lende.		wing:
lan	Chai	9 Md.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, own PUBLIC	State) PLACE.
shan	nd LOAC	28-,1932	Manner of Injury Nature of injury	
y x	Lun M	d	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed)	710 M. D.
m	ugnn	Registrar.	(Address) Literatory Jan Os	Med
It more	signks are needed, addre	ess State Registrar,	2411 N. Charles Street, Baltimore, Regulating U.S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I/ED	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 13081
1. PLACE OF DEATH	107-3)
County Cal	Registration Dist. No. 92
Village or City Eleton	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX The state of the state o	21. DATE OF DEATH Sec. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIES That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 25 1932	I last saw h W alive on D LC 1,193C; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 . 15 m.
5 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc.	Broncho preumonia 40014
kind of work dona, as SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date dacassed last worked at this occuration (month and spent in this securation (month and spent in this spent in this securation (month and spent in this securation (month and spent in this spent in this securation (month and spent in this sp	(bring)
10. Date dacaased last worked at this occupation (month and year)	, , , , , , , , , , , , , , , , , , ,
12. BIRTHPLACE (city or town) Electron (State or country) many lund	Other Contributary Causes of importance:
13. NAME) Howard Davis	
14. BIRTHPLACE (city or town). Cherry Itill (State or country) run land	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thorquee Perkins	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Electors (State or country) Thoughton	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT I through Devices (Address) Texton and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Elklon Country Date Dec 10, 1932	Nature of injury
19. UNDERTAKER It wrippin (Aggress) Elkton md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ze 10. 1932 J. Benn Frager	(Signed) At Monroom M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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(R	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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BINDING	ERMANEN EXACTI y classified te.
FOR]	IS A P stated properly certifical
MARGIN RESERVED FOR BINDING	IG INK—THIS AGE should be that it may be ons on back of
MARGIN	WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated E I CAUSE OF DEATH in plain terms, so that it may be properly c TION is very important. See instructions on back of certificate.
D(PLAINLY, V hould be caref OF DEATH in very importan
V. S. No. 1	N. B.—WRITE mation s CAUSE TION is

STATE OF MARYLAND	CERTIFICATE OF DEATH	3052
1. PLACE OF DEATH	(30)	
County Cecil	Registration Dist. No.	92
Village or City fairview (11		Ward
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME Peacey H	annone	
(a) Residence: No. January (Usual place of abode)	St., Ward. If nonresident give city or tow	n and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Hornes Pavis Haranona	22. Out /2 1932 to See 2	ended deceased from
6. DATE OF BIRTH (month, day, and year) Capril 9 1889	I last saw h_w alive on &cc. 2-4 ,19	궁신; death is said
7. AGE Years Months Oey's If LESS/than 1 day,hrs.	to have occurred on the date stated obove, at	
93 / 22 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carles Mulas level	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. I 0. Oate deceased last worked at this occupation (month end spent in this	distant	lubuour
10. Oate deceased last worked at this occupation (month end year)		
12. BIRTHPLACE (city or town) North East	Other Contributory Causes of Importance:	
(State or country) morning and	Several asutes	2 month
E /	No. of the Mark	e of
[f4. BIRTHPLACE (city or town)	Name of operation Oate What test confirmed diagnosis? Climan Wes ther	
15. MAIOEN NAME Mary Goodnon 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in elso the fol	
(State or country)	Accident, suicide, or homicide? Date of injury	
17. INFORMANT US Mary Human	(Specify city or town, county an Specify whether Injory occurred In INOUSTRY, in HOME, or in PUBL	nd State) IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Active Act Sell Permoate Son 4, 1933	Manner of injury	
19. UNDERTAKER J. J. Sylemathy	24. Was disease er Injury in any way related to occupation of decease	d?
20. FILED fan 2, 1838 Jours Days	(Signed) See October	Stran M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address)	7

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cur	1 week ago
Cerebral hemorrhage 1933	July 5, 1927	Peritonitis	3 days ago
BURLAU V. S	111		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>
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V. S. No. 1 N. B.-

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houl	OF	ION is very important. See instructions on back of certificate.
n s	SE	S
atio	AU	ION
	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	ation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI. AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statem

1. PLACE OF DEATH	CERTIFICATE OF DEATH 13083
County Cere	Registration Dist. No. 92
Village or City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmos ds
2. FULL NAME SIELL Brown Cul	funt - traces
(a) Residence: No. Residence (Qual place of abode)	Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. Married, widowed, or divorced HUSBAND of Cor) WIFE of Secret Vy	22. I HEREBY CERTIFY That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Lee 25 1 432	Hast saw h alive on Leuch 19 death is sain
7. AGE Years Months Days tf LESS than	to have occurred on the date stated above, at 2 am.
the transfer of the second of	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Still Born Jullary
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 11. Total time (years) this occupation (month and	wiely heliver
11. Total time (years) this occupation (month and year) yaar)	
12. BIRTIPLACE (city or town) Cellian (State or country)	Other Contributory Causes of Importance:
13. NAME) manes House	D
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation West Lewis Data of Wasthers an autopsy?
15. MAIDEN NAME — Pellin (16. BIRTHPLACE (city or town) — V	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
O E 16. BIRTHPLACE (city or town) - V - CVE (State or country)	Where did injury occur?
17. INFORMANT Howard alsoars	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL HUSING SUM	Manner of injury
Place Data , 19	Nature of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED DEC 75, 19 37 & Shaces Frage. Registrar.	(Signed) (Address) MAS I G. A. I.
If more blanks are needed, address Shate Registrar.	2411 N. Charles Street Baltimore, Requesting T. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes Date of importance were as follows:	
1915	Attack of epilepsy	1 week aga
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

TION is very important. See instructions on back of certificate.

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13084
1. PLACE OF DEATH	
County Cecil	Registration Dist. No.
Village or City north East	No. St., Ward
Length of residence in city or town where death occurred yrs mos 2. FULL NAME Edward Clacks	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Widower	21. DATE OF DEATH Level 21 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 3	22. 1 HEREBY CERTIFY, That Lattended deceased from 19 to
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIONENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place North Cost ME Date Dec 24, 1932	Manner of injury
19. UNDERTAKER O LPA Reart Grant Gra	24. Was disease or injury In any way related to occupation of deceased?. If so, specify (Signed) (Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II			
The principal cause of death and related of importance were as follows:	- The state of the	The principal cause of deat of importance were as follow		Date of onset	
Arterioselerosis JAN 4	1933 1915	Attack of epilepsy		1 week ago	
Chronic interstitial nephritis	1921	Run over by street car		1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago	
Other contributory causes of importance:		Other contributory causes o	f importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year	
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OCCUPA. plnods PHYSICIANS Length of residence in city of fown where death occurred statement 2. FULL NAME RECORD. (a) Residence: N (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) PERMANENT BINDING classified 5a. If married, widowed, or divorced (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE FOR Months Days If LESS than or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.... OCCUPATION IARGIN RESERVED of may back 9. Industry or business in which work was done, as SILK MILL, plnous SAW MILL, BANK, etc on 10. Date deceased last worked 11. Total time (years) to spent in this that instructions 12. BIRTHPLACE (city or town) (State or country) supplied. CAUSE OF DEATH in plain terms, FATHER See 14, BIRTHPLACE (city or town (State or country) mation should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country) Specify whether injury occurred in INDUSTRY. In HOME, or in PUBLIC PLACE. 17. INFORMAND (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE Manner of Injury LION Nature of injury 24. Was disease or Injury In any way related to occupation of deceased? 19. UNDERTAKER V. S. No. 1 If so, specify (Signed)

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

(3)		al	
	Registration Dist.	No. / G	
NoNo	ution, give its NAME inste	St.,ad of street and n	Ward
ds. How long in U.S. if	of foreign birth?	yrsmo	sds.
up			
Ward.	If nonresident give c	ity or town and	State
MEDICAL C	ERTIFICATE OF	DEATH	
21. DATE OF DEATH	10 0	2	
			(Year)
nov HEREBY	CERTIEY, T	hat I attended	deceased from
	,1932, to h) e	23	, 193.2
I last saw h alive on	Dec 2	19.3.2	death is said
to have occurred on the date state		m.	
The PRINCIPAL CAUSE OF DEA			
Chronice	Valvula	N	Date of onset
			Ost 1
Heart D	isease		1912
			1-7-
Other Contributory Causes of into	Prtancee / '-		
Chronic 2	interstit	al	Dee
nefi	pritis		
			1928
Name of operation		Date of	1
What test confirmed diegnosis?		Was there an a	utopsy?
23. If death was due to external ce			
Accident, suicide, or homicide?			
Where did injury occur?		,,	
	(Specify city or town	county and State	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY	Y PHYSICIAN
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MARGI	UNFAI	supplied.	terms,
41	WITH ,	refully	in plain
	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
V. S. No. 1	WRITE	mation sl	CAUSE (
'n	Y. E		
>	-		

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE 0	F DEATH			(62-0)	
County	Cecil Ve	eterans 1	Administrat	ion Hospital Registration Dist. No.	96
Village or	City Perry Po	oint, Mar	yland.	No. death occurred in a hospital or institution, give its NAME instead of ds. How long in U.S. if of foreign birth?yrs.	St., Ward
2. FULL NA	ME JOHNST	ON. Jame	es T.	C-1 095 021	
(a) Reside	nce: No. 469 Wash:		e., Clarks		town and State
PERSOI	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX make	4. COLOR OR RACE white	5. SINGLE, MAR OR DIVORCE Mar	RIED, WIDOWED, D (write tha word) ried	21. DATE OF DEATH December 27 (Month) (Day)	, 193 <u>2</u> (Year)
5a. if married, wido HUSBAND of (or) WIFE of	wed, or divorced Katherine Rus			22. I HEREBY CERTIFY, That April 24 1930 to Dec 2	attendad decaasad from
6. DATE OF BIRTH	(month, day, and year) J	anuary 23	, 1885	I last saw h im alive on December 27	
7. AGE Ye	ars Months	Days	If LESS than I day,hrs.	to have occurred on the date stated abovo, at 9:50 Die m. The PRINCIPAL CAUSE OF DEATH and related causes of importment as follows:	tanca
8. Trade, profixed of SAWYEI SAWYEI SAW MI To. Data decea this need	business in which	ravelling ative - U ion pictu also atomobile	Represen- niversal re Co. mechanic	Arteriosclerosis, general, s	evere Date of onset past 10 yr
10. Data decea this occupaar)	Now	spe	ime (years) nt in this upation	Other Centribulery Causes of Importance: Hemorrhage, cerebral	5-9-30
(State or cou) 01 (01111/			Hemiplegia, left, spastic, co	
14. BIRTHPLAC (State o	E (city or town) U.S.			Name of operation	Catq of
	AME Anne Mach E (city or town)			23. If death was due to external causes (VIOLENCE) fill in also th Accident, suicide, or homicide? Date of inju	9
17. INFORMANT (Address)	Hospital re	ecords	••••	(Specify city or lown, cour Specify whether injury occurred in INDUSTRY, in HOME, or in F	ety and State) PUBLIC PLACE.
	Hon, or REMOVAL- lington Nation potery. Pt. Pv	aloate De	c,29, 19 32	Manner of injury	
19. UNDERTAKER (Address)	Pennington & Havre de Grac	Son, se, Maryla	and.	24. Was disease or Injury in any way related to occupation of del	peased?
20. FILED 12/1		elso CO. De	Corresponding Registrar.	(Signed) ROGER P. HENT Z. (Address) Clinical Direct 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M.D. M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 4 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURFAU V 8			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should stat	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	1
Jo u	plno	000	1
iten	sh	Jo	
very	IANS	ment	
D. E	SIC	tate	
COR	PHY	ict s	
RE	Υ.	Exa	
ENT	TI	ed.	*
MAN	AC	assif	7.
ER	EX	y cl	te.
A	ated	oper	tifica
SIS	e st	e pr	f cer
THI	ld b	ay b	ck o
KK	shou	it m	n ba
G II	GE	hat	o su
DIN	- A	so t	uctio
NFA	plied	rms,	instr
D H	sup	in te	See
WIT	fully	n pla	nt.
LY,	care	TH :	orta
AINI	d be	DEA	imi.
PL	hould	OF I	TION is very important. See instructions on back of certificate.
ELE	on s	SE	Si N
-WR	mati	CAU	TIO
8			

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Cec	Registration Dist. No. 72
Village or City all ton	ND. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Sara Jabitha Jon	es
(a) Residence: Np. //or //	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fernale 4. COLOR OR RACE OR DIVORCED ("write the word) Single	21. DATE OF DEATH Weenber (Month). (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lept 21 1839	1 last saw h alive on, 19
6. DATE OF BIRTH (month, day, and year) Sept 71, 1839 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/320 P.m.
I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, formuly school teacher SAW MILL, BANK, etc. 10. Date deceased last worked at / 11, Total time (years)	were as follows: Old age to the profession. Date of onse
9 Industry or business in which work was done, as SILK MILL, formurly school teachy	Sciproy o rather thou noterin selevois.
SAW MILL, BANK, etc.	Lived alone for past 15 years.
O this occupation (month and /2/35/35) spent in this	Objection was called by a friend a but was
year) occupation occupation	Other Contributory Canses of importance: Lerued admittance,
12. BIRTHPLACE (city or town) Colk for Mid.	Quy ??
(State or country)	The lived in Eilth and boverty
13. NAME Ellis Jones 14. BIRTHPLACE (city or town) Elst ton , In J	
14. BIRTHPLACE (city or town) Color for (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary W. Pryce 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Miss Flora Cesh, (Address) Elkton his	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Coston Central Date Le 18, 1932	Nature of injury
19. UNDERTAKER / S. J. Spin (Address) With Mid	24. Was disease or injury in any way related to occupation of deceased?
20. FILED VEC 78 , 182 - Bank Buy & Registrar.	(Signed) F. Rodney Frages, Coroner No.
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 '81 ' 4 0	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	HUELVA V. S.	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	\$ 1000 P	3 days ago
			A NAL	7
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13088
1. PLACE OF DEATH ,	
County Leecel	Registration Dist. No.
Village or City Eck Weels,	No. St., Ward
A	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long In U.S. if of foreign birth? yrs. mos. Gs.
2 FILL NAME Waller Stringht &	mes
(a) Residence: No. Elk Wiels	St., Ward.
(Usual place of abode)	If nontesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Luliete 5. SINGLE, MARRIED, WIDGWED, ON DIVORCED (write the word)	21. DATE OF DEATH SC. (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	17 50.25 193 v. 10 17 SC .25 , 1932
6. DATE OF BIRTH (month, day, and year) Get 75-1866	Hast saw ham affect 1750 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
66 2 ormin.	were as follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,	a femolia Du
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this occupation (month and	and 1 - 25%
work was dona, as SILK MILL, SAW MILL, BANK, atc.	1) statution 133.
O 10. Data deceased last worked at this occupation (month and year) spant in this occupation occupation	
12. BIRTHPLACE (city or town) Danielegrace	Other Contributory Causes of Importance:
(State or country) Grand land	
13. NAME George Jones	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Louisa Hunghe	23. If death was dua to axternal causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Lacies Hinghl 16. BIRTHPLACE (city or town) Roof Deposit (Stale Of Country)	Accident, suicide, or homicide?
(State of country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) (Addrass) (Addrass)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Placellace Diel Cempate Dec. 29, 1932	
19. UNDERTAKER G. D. allermatter	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Este mills / md.	If so, specify
20, FILED 24 26 1982 & Francis Frages	(Signed) As Munity M. D.
Registrar.	(Address) G Children 24
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENT	BY	Y PHYSICIAN
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stated EXACTLY. PHYSICIANS should state UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAproperly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may -WRITE PLAINLY, WITH

N. B.

1. PLACE OF DEATH	13089
County Clark	Registration Dist. No.
Village or City Chalow	No. 158 West Main, St., Ward
Length of residence in city or town where death occurred	f death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME (Sale Farrett	King.
(a) Residence: No. (Usual prace of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Semole White married	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Samuel L. King.	22. HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Luce 26,1891	I last saw h Ar alive on less 24 1932 death is sald
7. AGE Years Months Days If LESS then	to have occurred on the date stated above, et
41 6 3 1 dey,hrs.	the reference of pearly and letated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, fourse with the second sec	Date of onaet
SAWYER, BOOKKEEPER, etc.	from Meline Mes.
work wes done, as SILK MILL, Que / & out	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, Our SAW MILL, BANK, etc. 10. Date deceased last worked at this occupeting montpand year) 11. Total time (years) spant in this 3 occupation	P
100t/	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	Moltendella francon
(State or country)	- Ulllim 1
13. NAME FORY DATE HILL 14. BIRTHPLACE (city of lown) 1 am Hill 14. City of lown) 1 am Hill	
14. BIRTHPLACE (city of town) Var Hell	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CONTRACTOR	23. If death was due to externel causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
E (Stete or country)	Where did injury occur?
17. INFORMANT Sessione of Hing. (Address) Shaw, and	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Julium
Proceedition Catholic Cemplan 2 19 3	Manner of injury
19. UNDERTAKER LES a Chillerany	Nature of injury. 24. Was disease or injury in any way related to occupation of deceased?
(Address) Derryrlle,Ma?	If so, specify
20. FILED LEC 31, 193 A. Bank Bage	(Signed) M. D.
Registrar.	(Address) While Tunk
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonilis	3 days ago
BULEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis /	1 year

M	item of infor-	s should state	of OCCUPA-	
•	r RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	ertificate.
MARGIN RESERVED FOR BINDING	UNFADING INK-THIS	supplied. AGE should be s	terms, so that it may be p	ee instructions on back of ce
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

Village or City Part Be Board Length of residence in city of town where death occurred 30 yrs	Registration Dist. No. 96
Village or City Part De Coset	
Length of residence in city of town where death occurred 30 yes	No
The state of the s	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME LEWIS OF KITS	6
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIYORCED (write the word)	21. DATE OF DEATH Dec - 74, 193 2 (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased f
(or) HIFE or M. Marklock far	august 14, 19 32, to Dec - 14, 19 3
DATE OF BIRTH (month, day, and year) Feb. 3, 1863	I last saw J. alive on SEC. 74, 1932; death is
AGE Years Months Days If LESS than	to have occurred on the date stated above, at /_/m.
47 10 d or or min.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jookshoeker SAWYER, BDDKKEEPER, etc.	Chronic Grenthymatics 197
9 Industry or business in which	Chronia Myocarditio 193
work was done, as SILK MILL, SAW MILL, BANK, etc	inouix my canadis 110
10. Date decaased last worked at this occupation month and 1937 11. Total time (years)	>
year) occupation	Other Contributory Causes of importance:
2. BIRTHPLACE (city or town)	
(State proguntry),	
13. NAME John J. Mirs	
13. NAME JAME 1. Kirls 14. BIRTHPLACE (city or town). Blue Ball	Name of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME MMA CEYNOLIS	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AMAGE CONTROL OF THE STATE O	Accident, sulcide, or homicide? Date of injury, 19
(Stata or country) King Lugar, Mis	Where did injury occur?
7. INFORMANT Mortlock Cirlo (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Offered Cell. Date 196. 19	Natura of injury
19. UNDERTAKEN IL a. Jathram	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Ferry rule, Ma.	If so, specify
20. FILED 7 27 1932 Lo Defaulers, Registrat.	(Signed) Color Draws (Address) Port Draws Ville

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	B	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerasis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastroenteritis	1 year
Mark Mark Company of the Company of			

ADDITIONAL SPACE FOR FUR	THER STATEMENTS	BY	PHYSICIAN
--------------------------	-----------------	----	-----------

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

IARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH
I. PLACE OF DEATH		<u> </u>		

1. PLACE OF DEATH		
County becch	Registration Dist. No. 9	1
Village or City Therry Hell	No. St.	_Ward
(11	death occurred in a horpital or institution, give its NAME instead of street and number	
Length of residence in city or town where death occurred 25 yrs	ds. How long in U.S. if of foreign birth?yrsmos	0s.
2. FULL NAME lemon Bradly Lock	ard	
(a) Residence: No. R. F. D.5 Clatter had	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male white OR DIVORCED (write the word)	DEC // 193	
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Lydia Lackard	22. 1 HEREBY CERTIFY, That I attended decease	sed from
- Contain	, 19, to, 1	
6. DATE OF BIRTH (month, day, and year) May 14 1870	I last saw h alive on, 19; deat	th is said
7. AGE Years Months Days Af LESS than 1 day,hrs.	to have occurred on the date stated above, atm.	
67 6 2/ ormin.	were as follows:	efonset
8. Trade, profession, or particular kind of work done, as SPINNER, Paper maker	general Conditions 12	11/32
SAWYER, BOOKKEEPER, etc	1 D	
work was done, as SILK MILL, Paper mell	Lacomolor arany 12	yn ago
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this		
year) occupation occupation	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) beech County)	100 -	40. 29
(State or country)		1
13. NAME Robert Lackard 14. BIRTHPLACE (city or town) Secil County		
14. BIRTHPLACE (city or town) becch County)	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an autops	y? hd.
15. MAIDEN NAME mary Creswell	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Mary Creswell 16. BIRTHPLACE (city or town) Local County of	Accident, suicide, or homicide? Date of Injury,	19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mus, John S. Lockard	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) K+D-5/ Clfton, Md. 18. BURIAL CREMATION, OR REMOVAL		1,
Pletherry Hell Clau Date Dec 15 1932	Manner of injury	h
02/01	Traction of mjury-	
19. UNDERTAKER (1. V. ()	24. Was disease or Injury In any way related to occupation of deceased?	
1 1 3	(Signed) J. Rochey Frazer Corones	
20. FILED TAC 15. 1822 Jants Jugar	(Address) Cold ton Shick	m
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

BINDING

MARGIN RESERVED

PLACE OF DEATH County Secil Village or City lekesespeake linky No.	STAT CERTI
1 2 . 1	lin Loque
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTI
Male White Single, Widowed OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH // , 1844 (Month) (Day) (Year)	17 I HEREBY CERTIFY, /2-3-32 that I last saw have alive on
88 yrs. 10 mos. 25 ds. or min.? a occupation (a) Trade, profession or Pilot Steamfort particular kind of work Pilot	and that death occurred on the The CAUSE OF DEATH * was as
(b) General nature of industry business, or establishment in which employed or (employer) Putted BIRTHPLACE (State or country) Mausland	Contributory Secondary
10 NAME OF FATHER William Ogul 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Manyland Namyland Namyland	(Signed)
(Informant) faco T. Logue	Where was disease contracted, if not at place of death?

E OF MARYLAND

FICATE OF DEATH

gistration Dist. No. (If death occurred in a hospital or institu-.....Ward) tion, give its NAME in-stead of street and number.)

FICATE OF DEATH

That I attended the deceased from foilows:

in deaths and (2) Whether of Injury

Hospitals, Institutions, Trans-

In the .yrs......ds.

VAL

DATE OF BURIAL

ADDRESS

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a ," etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (a) the kind of work and also (b) the (b) Grocery; Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Flyphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, telanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-American Medical Association.) approved (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on "Congenital," "Senile," etc.), "Dropsy,
""Heart failure," "Haemorrhage, Chronic etc. valvular heart Nomenclature The contributory Sarcoma, etc., of " "Convulsions, Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10034
County Lecce	Registration Dist. No.
Village or City Elector Muron 7 too	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	death occurred in a sophiat or institution, give is it vivite, instead of street and humber) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Ella Longer	
(a) Residence: No. Chesopeakel City mo	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The surface of the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of wanes Longer	22. I HEREBY CERTIFY, That I attended deceased from DSC. 22 - ,1932, to P. CO. 1. 24, 1932
6. DATE OF BIRTH (month, day, and year) mel 3 1874	I last saw h alive on D & C 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9
5-8 10 21 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc.	Mensing Vie
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. Date deceased last worked at this occupation (month end year)	
Kund Cornell Rd	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Later Presumonia 27
13, NAME Enong Coursey	13,
14. BIRTHPLACE (city or town) / Court Courty KN	Name of operation
(State or country) May land	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Zray Chambers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) - 1 Kerry Curuly Rot	Accident, suicide, or homicide? Date of injury, 19
E (State or country) way land	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT bance Longer (Address) Chesakeake Wa Wy	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place accilton and Date Dec 2), 1932	Natura of injury
19. UNDERTAKER The CAddress Seklow	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED Cac 17, 1932 J. Buile Bayes	(Signed) Simolof in Municelly M. D. (Address) State pure
(Aeguirat.	" (1001000)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis 0001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

0	D. Every item of infor-	SICIANS should state	tatement of OCCUPA-	
	RECOR	Y. PHY	Exact si	
BINDING	ERMANENT	EXACTLY	y classified.	te.
FOR	IS A P	stated	properl	certifica
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. BWRITE PLAI	mation should	CAUSE OF DE	TION is very i

	ACE OF DEA				(85)	6
	CountyCecil					6
				(If	talno. Perry Point, Md. St., death occurred in a hospital or institution, give its NAME instead of street and r	Ward
Le	ength ol residence in o	ity or town where			10 ds. How long in U.S. if ol loreign birth?yrsme	osds.
2. FU	JLL NAME	LOWREY	, Willi	am Edwar	d C-Pending	
(2	a) Residence: No.	Dogwoo	d Road Wo	odlawn, Ba	1 thore, Marg. If nonresident give city or town and	State
F	PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX		or or race		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH December 1 (Month) (Day)	, 193 2 (Year)
HUS	rried, widowad, or div BAND ol Mar WIFE of Mar	orced garet Lov	wrey		22. HEREBY CERTIFY, That attended April 22 19 32 to December 1	deceased from
6. DATE	S. DATE OF BIRTH (month, day, and year) March 27, 1889			, 1889	I last saw h im alive on December 1 ,19 32	; death is said
7. AGE	Years 43	Months 8	Days 5	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at6:Q.h. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
12. BIRT	ndustry or business work was dona, as SAW MILL, BANK, bate dacaasad last w this occupation (m year)	SIL BAILsi me etc. BAILsi me orkad at onth and nown	11. Total ti sper occu	Road Comm me (yaars) it in this pation Unknown		
	AME	Unkno	wa			
13. N	BIRTHPLACE (city or (State or country)	own) Unkno	WM1		Name of operation None Date of West test confirmed discrease Clinical Was there are	
五 15. N	MAIDEN NAME	Tinkno	WIO		Observation 23. Il death was due to external causas (VIOLENCE) fill in also the following	
15. N 16. E	BIRTHPLACE (city or (State or country)		ь		Accident, suicide, or homicide? NO Date of injury The Where did injury occur? NO injury	-
Z I	RMANT		tal Record		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLANCE IN INDUSTRY.	ACE.
17. INFOI	Addrass)		the second secon			
17. INFOI	Addrass) AL, OREMATION , OR	REMOVAL	Date De	c. 1 _{,19} 32	Manner ol Injury	40 <i>p</i>

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. &

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Harris a region -	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	A 14 %	July 5, 1927	Peritonitis	3 days ago	
	BUMA	1-1			
elet	1 - In security				
Other contributory can	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
			78 4		

		24 (**)
	·	
This is the second of the seco		

1. PLACE OF DEATH		940	1000
County ecs	muty -	Registration Dist.	No. 95
Village or City Sport	* - 1	No.	St., War
Length of residence in city or town where o		If death occurred in a hospital or institution, give its NAME inste osds. How long in U.S. If of foreign birth?	
2. FULL NAME	Malyans		
(a) Residence: No.	aham Pa R.	3st, Ward.	
PERSONAL AND STATIST	(Usual place of abode)		ity or town and State
3, SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF 21. DATE OF DEATH	DEATH
male white	OR DIVORCED (write the word)	1 250	J 1932
5e. If married, widowad, or divorced HUSBAND of		(Month)	(Day) (Year)
(or) WIFE of		22. 1 HEREBY CERTIFY, T	L 15 00
6. DATE OF BIRTH (month, day, and yeer)	0118 1457	l last saw h A alive on	19.32; deeth is sal
7. AGE Yeers Months	Deys If LESS than	to have occurred on the date steted above, at 130 A	/
75	28 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of it were as follows:	mportence Oate of onse
8. Trada, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Jahra 1		Oute of other
9. Industry or business in which	5 asser 12	bugue tectors	Mug 1.8
work wes done, es SILK MILL, SAW MILL, BANK, etc.			
0 10. Data deceased last worked at this occupation (month and) 3 2	11. Total time (years) spent in this occupation		
O Matt.	-alama I	Other Contributory Causes of Importance:	
(Stata or country)	Pa.	Myscockilla	1331:
13. NAME Unbru	w		
13. NAME Unbout	lanow	Neme of operation	Date of
(State of country)	lanory	What test confirmed diagnosis?	Wes there an autopsy?
15. MAIDEN NAME May 16. BIRTHPLACE (city or town). Put	makan	23. If death wes due to external causes (VIOLENCE) fill in el	
16. BIRTHPLACE (city or town)	ang ham	Accident, suicide, or homicide? Dete o	f injury, 19
7201	Muth. o	Whera did injury occur? (Specify city or town, Specify whether injury occurred In INDUSTRY, In HOME, o	county and State)
(Address) Autaria	Lam. Pai		THEODEIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	1d. 101 10 2	Manner of Injury	
Place / for Banks	4 Libete	Nature of Injury	
19. UNDERTAKER (Address)	in i	24. Was diseesa or injury In eny way related to occupetion o	of deceasad?
12/19 22	aun ma	If so, specify (Signed)	lo (
20. FILLOC. 1960 50	/	(Address)	W. IVI.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation care be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	35 1 1020	Other contributory causes of importance:		
<i>Guestones</i>	May 1,1923	Gastroenteritis	1 year	

ADDITIONALA	CITY A CITY	DOD	******	CID A MITTER TO TITLE	****	DITTIONALINE
ADDITIONAL	SPACE	FUK	FURTHER	STATEMENTS	15 X	PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	1000
County Cecl THIN	Registration Dist. No. 92
Village or City E Cloton (If	No. With Hospital St., W death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs. Maymos	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Truest B Weaker	
(a) Residence: No. 1 2 5 milburn ft Elbe (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Marie (Solored)	21. DATE OF DEATH 2 1932
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased f
oa Hall	bsc. 7: 1932, to Dec. 12 - 193
6. DATE OF BIRTH (month, day, and year) May 20 1877	I last saw harmaliva on O. S. 1/- 193 - ; death Is
7. AGE Years Months pays If LESS than	to have occurred on the date stated obovo, at/O */5m
35 6 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profassion, or particular	Date of p
SAWYER, BOOKKEEPER, etc. Laborer	drefter suga to
9. Industry or business in which work was done, as SILK MILL, Serveral Works SAW MILL, BANK, etc.	052.
	17
year) occupation	Other Contributory Causes of importance:
t2. BIRTHPLACE (city or town) Color fuelo	
(State or country)	
13. NAME Harlan Maker	
14. BIRTHPLACE (city or town) Eeb hell	Name of operation Data of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Caddie Maken 16. BIRTHPLACE (city or town) Ello neels	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Ello heels	Accident, suicide, or homicide? Date of Injury19
(State or country)	Where did injury occur?
17. INFORMANT Caddis Maker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) / 20 Milliam of Celston	and .
18. BURIAL, CREMATION, OR REMOVAL, Selle heels	Manner of injury
Place If Marles 9 4 M P. Date Dec 15, 19 3	
0.000	
19. UNDERTAKER (Address)	24. Was disease or Injury In any way related to occupation of deceased?
	If so, specify
20. FILEDEC 13, 1932 Johnson Bayer. Registrat.	(Signed) Lew Grant
Remish ex	(Modress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:	M 1 1000	Other contributory causes of importance:		
Tariotimes A	May 1,1923	Gastroenteritis	1 year	

in plain terms, so that it may be

CAUSE OF DEATH mation should

B.—WRITE

STATE OF MARYLAND-CERTIFICATE OF DEATH

-	3	61	0	0
J	0	U	V	0

1. PLACE OF DEATH		82-0	
County Cecil	WITHIN OUR PORATI	Registration Dist. No.	92
Village or City Elector		No. WEST man of St.,	Ward
		death occurred in a nospital or institution, give its INAIVIE instead of street and	number)
Length of residence in city or town where death	occurred yrs mos	ds. How long in U.S. if of foreign birth?r	nosds
2. FULL NAME Leora	apitola M.	lar-cus	
(a) Residence: No.	main	St., Ward.	
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dee 23	V
Temate White	widowed	(Month) (Day)	(Year)
5a. If married, widowed or divorced Wald	wed	22. I HEREBY CERTIFY. That I ettended	1 1 1 6
(or) WIFE of James Mar	eus	1029 to Alec 2.3	10 32-
C DATE OF DIRECT COURT OF THE STATE OF THE S	3 1868	Hast saw h & alive on Que 22 1932	: deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at / 30 A m.	, qeem 13 San
64 10	7 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	74ville		7-2/
4 9 Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc.	·		
SAW MILL, BANK, etc	11. Total time (years) spent in this		
year)	occupetion	Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) Ultra	r !	arterio selevous	
(State or country) Manyl	aud'		
13. NAME I wigh trefy	uson		
14. BIRTHPLACE (city or town) ELK	ton	Name of operation Date of	
(State or country) Way	, land	What test confirmed diagnosis? Was there an	7.
15. MAIDEN NAMEMAN Jane To	uchtore	23. If death was due to external causes (VIOLENCE) fill in also the following	
16. BIRTHPLACE (city or town)	town 1	Accident, suicide, or homicide? Date of injury	
(State or country)	y land	Where did injury occur?	
17. INFORMANT hus alice /	nown	(Specify city or town, county and Str. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address) Elkton 2	ul		
18. BURIAL, CREMATION, OR REMOVAL	X	Manner of injury	
Place When Cemely D	ate Dec 26, 1932	Neture of injury	
19, UNDERTAKER 24. W.F.	4611	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Eletow 22		If so, specify	
13	1.6	(Signed) X. Newbert Called	
20. FILED C 2 6, 1932	Registrar.	(Address) Eletton Zu	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy ESCI = NYC	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

ż

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 13099
1. PLACE OF DEATH	11-2
County Cecil	Registration Dist. No. 22
	No. Lorson Hoofbulal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If the foreign birth?
Length of residence in city or town where death occurredyrsmos	as. How long in 0.5. If of foreign birth?
2. FULL NAME Sevige alan C M	Nowell
(a) Residence: No. North Cast (A) (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22 I H/EREBY CERTIFY. Jhat I attended deceased from
(or) WIFE of	10/28 1932 to 12/28 1932
6. DATE OF BIRTH (month, day, and year) March 28 1918	Hast saw ham alive on 1010 8 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.40 m.
14 9 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Were agrollows: Date of oneet
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Lehool boy	(Kreum
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	* Inflience
U 10. Date deceased last worked et 11. Total time (years)	
this occupation (month and year) spant in this occupation	
t2. BIRTHPLACE (city or town) Cecil County (State or country)	Other Contributory Causes of Importance:
E 600 10.0	Name of operation Date of
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Bertha May Finn	23. If death was due to external causes (VIOLENCE) fill in also the following:
E E O D L	Accident, sulcide, or homicide? Date of injury 19
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Harvey S. M. Dowell (Address) Marth Fresh Md. R.D.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Eller Catholic Condo Dec 3/ 1932	Nature of injury
19. UNDERTAKER Joseph Thank (Address) Loub Earhy	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LEC 22., 1927 June 15 Designar.	(Signed) (Signed) (Address) Lizing Sun M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	The state of the s	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

County	Registration Dist. No. 96
Village or City harbotown	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city of town where death occurred	mosds. How long in U.S. if of foraign birth?yrsmosds
2. FULL NAME & Momas Wayne	Musallenan
(a) Residence: No. (Marcislosus)	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR, DIVORCED (write the word)	21. DATE OF DEATH See. 28
a It married widowed or diseased	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTLEY, That I attanded deceased from
	June 26 1952, 10 Dec. 28, 1937
5. DATE OF BIRTH (month, day, and yaar) well 26, 193	Salast saw h Lelle alive on Dec, 28, 1932; death is sai
AGE Years Months Days If LESS than	
6 2 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:
Trade acofession or particular	The state of the s
SAWTER, BUURKEEPER, etc.	Mon Closure to aucen
9. Industry or business in which work was dona, as SILK MILL,	Quali-
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	
O har lestown	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town)	Man Butt
	1 (7 mg)
and the state of t	
(Stata or country)	Nama of operation
	What tast confirmed diagnosis? Was there an au'opsy?
Colmo de la	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
- (State or country)	Where did injury occur?(Specify city or town, county and State)
Bost Laurelle and war	Charles whather injury accuracy in IMDHOTOV !- HOLET 1- BUDGE OF CO.
Bost Laurelle Dalue.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
17. INFORMANT Besther Musselyan (Address) Charlestown, my	
17. INFORMANT Besthar Musselyan (Address) Charlestown, my	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of Injury
17. INFORMANT Sexther Musselyan (Address) Charlestown, M. S. 18. BURIAL, CREMATION, OR REMOVAL Place Dought Cleasent Date Dele \$5, 19	Manner of injury Nature of Injury
17. INFORMANT BUTCHEN MUSSELLIAM (Address) Charlestown M.G. 18. BURIAL, CREMATION, OR REMOVAL DOWN (A. D. C.)	Manner of injury Nature of Injury 24. Was disaase or Injury In any way related to occupation of deceased?
17. INFORMANT BEACHEN MISSELSHAW (Address) Charlestown Miss. 18. BURIAL, CREMATION, OR REMOVAL Place Dought Cleasent Date 28, 19 19. UNDERTAKEN OF CALLYSON 19. UNDER	Manner of injury Nature of Injury

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:	42 - 11-11-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		·	

N. B.

certificate.

jo

19. UNDERTAKER

(Address)

of OCCUPA-

item of infor-

	Registration Dist. No. Registration Dist. No. No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colorld 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of A. A. Duckleson 6. DATE OF BIRTH (month, day, and yeer) May 2. 1917 7. AGE Years Months Days If LESS then I day, hrs. or min. 8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed lest worked et this occupation (month and year) Spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Apollah Boddy	22. I HEREBY CERTIFY. Thet I attended deceased from 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Viginia Onne Placo. 16. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of What test confirmed diagnosis? Was there an eulopsy? 23. If deeth wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19
27. INFORMANT forth Body Sun. Ind.	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

If more Manks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 ucar

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13102
1. PLACE OF DEATH	23
County Cecil	Registration Dist. No. 72
Village or City Mechanic Valley	NoSt.,Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL NAME Victin Vaugh Price	Pa
V + C DIS	St., Ward.
(a) Residence: No. // My Cast (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (winte the word) Wale White Married	21. DATE OF DEATH Die 29 1932 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Pauline Cathering Wentzel	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afr 19- 1905+	I last saw him alive on Dec 29, 1932, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 - A m.
27 8 / 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Carpenter SAWYER, BOOKKEEPER, etc.	Quemarary 1929
9. Industry or business in which work was done, as SILK MILL,	4
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 11. Total time (years) spant in this	Julyreulaus
12. BIRTHPLACE (city or town) Edgr water	Other Contributory Causes of Importance:
(State or country) Otrginic	
13. NAME Walter Gafton Jugg	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy? 22
E 02 C 6	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Rose allen Gaughn (Address) horth East (1)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place & Mary's North Cash Bate Jan / 193	Nature of Injury
19. UNDERTAKER SORPH Dellaws (Address) Mustly East hid	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO CE 3019 J. Rank Brayer Registrar.	(Signed) August M. D. M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis JAN 4 133	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-CI	ERTIFICA	ATE	OF	DEATH
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4	12	10	10	1
Г	3	E	U	U

1	. PLACE OF DEA	ТН		N. P. C. I. Harrison			10100
	County Cecil				93-C)	Registration Dist. No	92
	Village or City_E					tal or institution, give its NAME instead of a	St.,Ward
	2. FULL NAME	200 5	ora H. F			• • • • • • • • • • • • • • • • • •	
•	(a) Residence: No.				St., Ward	d.	
-			(Usual place			If nonresident give city or	town and State
_	PERSONAL AT				MEDI	ICAL CERTIFICATE OF DE	ATH
3.		or or RACE ite	5. SINGLE, MAR OR DIVORCE Singl	RRIED, WIDOWED. D (write the word)	21. DATE OF D	Dec. 28,	, 193 2 (Year)
5a.	. If married, widowed, or div HUSBAND of	orced					<u> </u>
	(or) WIFE of			red menures	22. I HE	REBY CERTIFY, That I	attended deceased from 32
6.	DATE OF BIRTH (month, da	av. and year) Ma	ay 22. I	1878	I last saw h.er al		19 32 death is said
	AGE Years 54	Months 7	Days 5	If LESS than 1 day,hrs. ormin.		e date stated above, at 2:15 A E OF DEATH and related causes of Imports	ance
OCCUPATION	8. Trade, profession, or paint of work done SAWYER, BDDKKE SINGUIST OF SAW MILL, BANK, 10. Date deceased last work soccupation (m.	, as SPINNER, EPER, etc in which SILK MILL, etc	spe	ime (years) nt in this	Acute Bro	onchial Asthma	Date of onset 12-25-32
12.	BIRTHPLACE (city or town)Ger	many	upation	Other Contributory Can		
~	(State or country)	Raymond	Row		chronic m	yocarditis	1929?
FATHER	14. BIRTHPLACE (city or t (State or country)	Ba.	ltimore aryland	•		agnosis? Was	
TER.	15. MAIDEN NAME	Mary Win	nters			external causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or t (State or country)	UWII)	ltim o re aryland.			omicide?Do Date of Injur	y, 19
17.	INFDRMANT Hem (Address)	ry Nicke Elktor			Specify whether Injury	(Specify city or town, count occurred in INDUSTRY, In HOME, or In Pl	y and State) JBLIC PLACE,
18.	BURIAL, CREMATION, OR Place Abbing		Date Dec	29, 19 32	Manner of Injury		
19.	OHDEN	.W Pipp:				y in any way related to occupation of dece	afed? NO
20.	FILED 12/29	19 32 J.I	Frank Fi	Cazer Registrar.	(Signed) (Address)	J. Jahran	Wal M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

RECEI VED 1/4/33 BUREAU V.S.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephralis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
188 × 1883			
Other contributory chuses of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

SUI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT I	mation should be carefully supplied. AGE should be stated EXACTLY.	CAUSE OF DEATH in plain terms, so that it may be properly classified. I	
BIND	PERM	d EXA	rly clas	cate.
FOR	S IS A	state	prope	certifi
E C	HIS	l he	y be	k of
SERV	NK-1	should	it may	on bacl
KE	ING I	AGE	e that	tions (
AARGIN RESERVED FOR BINDING	UNFAD	upplied.	terms, s	TION is very important. See instructions on back of certificate.
	WITH	efully s	in plain	ant. Se
	INLY,	be car	EATH	import
	PLA	pluode	OF D	very
	RITE	ion s	SE	N is
prof.	-WE	mati	CAL	TIO

B.—WRITE

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V. S. No. 1

STATE OF	MARYL	AND-C	ERTIFIC	CATE	OF	DEATH
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4	6.	-41	0	-
7	3	7	63	1
-3		- 1	11	5

1	PLACE OF D	EATH			@		10101
	County Ce	-cil;				Registration Dist. No.	92
	Village or City	Elktoni			NoNo	St.,	Ward
	A Ab f 2d	*			death occurred in a hospital or institution		
		in city or town where d	eath occurred	3 1-	P O A	oreign birth:	
2	. FULL NAME	Journa .	nu	rang	Regnolds		
	(a) Residence: N	0	(Usual place	of abode)	St., Ward.	If nonresident give city or town	and State
	PERSONAL	AND STATIST			MEDICAL CEI	RTIFICATE OF DEATI	H
3. 5	Male 4.0	Color or RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 2 (Year)
5a.	If married, widowed, or HUSBAND of (or) WIFE of	divorced .			n	CERTIFY, That I attem	ided deceased from
6. I	DATE OF BIRTH (mont)	h, day, and year)	enc 16	×932	1 last saw h in ative on	D //	子上; death is said
7. /		Months	Days	If LESS than	to have occurred on the date steted	above, et_ 1015_m?	
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	end related causes of importance	Data of onset
OCCUPATION	8. Trade, profession, kind of work d SAWYER, BOO 9 Industry or busine	lone, as SPINNER, KKEEPER, etc			1	for	
CUP	work was done SAW MILL, BA	e, as SILK MILL, .					
000	10. Date deceased las this occupation year)	(month and -	spa spa	time (yeers) Int in this Upation			
12.	BIRTHPLACE (city or to (State or country)	own) Electo	w 2m	L	Other Contributory Causes of imports	ance:	
ER	13. NAMES tesh	in & Re	ynolo	Co			
FATHER	14. BIRTHPLACE (city (State or count		h East	1	Name of operation		
-	15. MAIDEN NAME	1: 1 +0	Thorn K		What test confirmed diagnosis?		
MOTHER	16. BIRTHPLACE (city (State or coun	-	n hut I	ed 1	23. If death was due to external cause Accident, suicide, or homicide? Where did injury occur?	Date of Injury	, 19
17.	INFORMANT Ster (Address)	ling S	Reynol	do	Specify whether injury occurred in 1	(Specify city or town, county and INDUSTRY, in HOME, or In PUBLIC	State) PLACE.
18.	BURIAL, CREMATION, Plece Lotte	OR REMOVAL	Date Dec	17,193 2	Manner of injury		
19.	UNDERTAKER 24. (Address)	Kton 2	- Lin		24. Wes diseese or injury In any way If so, specify		
20.	FILED DECI	14,1932	and a	Bays Registrar.	(Signed) (Address)	J Elle	m.D.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	(E	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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		MAD # 1933	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 doys ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Svei [A]	
G ENT RECORD. I	
FOR BINDING IS A PERMANH stated EXACT properly classifie	
RESERVED NG INK—THIS AGE should be that it may be 1	
WITH UNFADI. efully supplied. in plain terms, so	
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of inforation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	The state of the s

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1,3107
1. PLACE OF DEATH	<u>a</u>
County	Registration Dist. No.
Village or City sensymble, file	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	How long if U.S. if of foreign birth?
2. FULL NAME May the ustis W.	Smith
(a) Residence: No. Jerry rele	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH) See Luber 16 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND or (or) WIFE of Treat	1 HEREBY CERTLEY. That i attended deceased from
6. DATE OF BIRTH (month, day, and year) 7 el. 22. 1872	I last saw let alive on Dee 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6,50 P.m.
60 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, August SAWYER, BOOKKEEPER, etc.	(I)
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased jast worked at 11. Total time (years)	Juliuonary Suberculoses July
work was done, as SILK MILL, SAW MILL, BANK, etc.	
this occupation (mouth and) spant in this	7939
year) - 131 Suttle occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) & Manual (State or country)	
13. NAME . State of Terrer . 14. BIRTHPLACE (city or town) Durantraf	
14. BIRTHPLACE (city or town) of information	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy? Z20
15. MAIDEN NAME CLIMAN - Martin	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sellan State or country)	Accident, suicide, or homicide? Data of injury, 19
X (Stata or country)	Where did injury occur?
17. INFORMANT Transaction (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place IT Clar so Clyn Date New 17, 19 32	Nature of injury
19. UNDERTAKER S. Attuson (Address) (Address)	24. Was disease or injury In any way related to occupation of deceased? 700
20. FILED DEC. 18, 134 & F. Jauders. Registrat.	(Signed) Magraw M. D.
	(Adjess) (Landfifted M. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF MEATH	-CERTIFICATE OF DEATH 13108
County Cecel	Registration Dist. No. 92
Village or City Eleton nd	No. St., Ward (If death occurred in a hospital or institution, givery NAME instead of street and number) os. ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME. Jas	el
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR IVORCED Spring the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. / DHEREBY CERTIFY, They are nded deceased from
6. DATE OF BIRTH (month, day, and year) December 28-190	last saw h. Alive on
7. AGE Years Months Days If LESS than I day, hr	were an follows:
8 Trade profession or particular	Gestalist
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
11. Total tima (years) this occupation (month and yaar) occupation	
12. BIRTHPLACE (city or town). Celetton. Me. (State or country)	Other Contributory Causes of importance:
13. NAME Kickerd Coulson Jord	
14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Meldres about the Lealer	death was dua to axternal causas (VIOLENCE) fill In also the following:
15. MAIDEN NAME Meldre Constitution 16. BIRTHPLACE (city ar town) Use graces: (State or country)	Accident, sulcide, or homicide? Date of injury, 19
17. INFORMANT Lowapilal (Address)	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATIVE, OR REMOVAL Place Arenty Date 19.	Manner of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed).
20. FILED TO 30, 1932 Auch Marks on maded address State Province	(Address) A P P P P P P P P P P P P P P P P P P

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc.; as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	* #	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week age
Chronie interstitial nephritis 1 4 1993	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH County lier	80.00	STATE OF I	
			Registration l	Dist. No. 9/
Vil	2FULL NAME Lever Grale	eergr	St: Ward)	(if death occurred is a hospital or institu- tion, give its NAME in- stead of street and number.)
=	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE O	OF DEATH
3 5	hale Colored Single. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEAT	(Month)	/6 , 1982
6 1	OATE OF BIRTH 3 /2 , 1500 (Month) (Day) (Year)	17 I HEREE /2-3-		ended the deceased from
7 /	SZyrs. 9 mos. 4 ds. or min.?	and that death occ	urred on the date stated	No. of .
(p ()	DCCUPATION a) Trade, profession or born gunes b) General nature of industry usiness, or establishment in which employed or (employer) Hauling eval		(Duretion)	yre
-	(State or country) Georgia a.S.a.	Contributory Secondary		
	10 NAME OF FATHER To information	(Signed) /2-/6-3 192	(Address) blus	den M. D.
ENTS	OF FATHER (State or country) 12 MAIDEN NAME	*State the Violent Causes, Accidental, Suicida	Disease Causing Death, etate (1) Means of In	or, in deaths from jury and (2) Whether
PAR	OF MOTHER 13 BIRTHPLACE		ESIDENCE (For Hospit	tals, Institutions, Trans
	OF MOTHER (State or Country)	At place of deathyrs		eyrsds
14	(Informant) Famile Pegle	Where was disease eo if not at place of de Former or usual residence	ntracted, aih?	
	(Address) blusspelle lit fred,	19 PLACE OF BURI	essetting. Md.	DATE OF BURIAL 12 - 19, 1932
15	Filed 12/16 1922 B. Haward Brown Registrar	20 UNDERTAKER	ppin	Elhin Ma.
-	If more hanks are needed address State Postetons	16 W Santara St	Baita Paguastine V. S	No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of occ," etc., report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved by Committee on Nomenclature (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal perdonitis," etc. Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, Never report mere symptoms or terminal condi-Chronie valvular heart disease; and consequences (e. g., sepsis, " "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF	MARYLA	D-CERTIFICATE	OF	DEATH
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13110

1. PLACE OF DEATH	
County Cecil	Registration Dist. No. 76
Village or City Principio Furnace (IF	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Edward Erie Wh	ete
(a) Residence: No. Trucytic Furnau (Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OF RACE 1. SINGRE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gunnie White	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year) ling 31, 1875	I last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at # 15 @ m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onest
8. Trade, profession, or particular kind of work done, as SPINNER, Postmaster and SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this occupation)	Fire burns 12/6/32
year) occupation 44 12. BIRTHPLACE (city or town) Charlestown, high (State or country)	Other Contributory Canses of importance: Colcoholisma 12/5/32
13. NAME Samuel J. White 14. BIRTHPLACE (city or town) been'd locanty to describe or country)	
14. BIRTHPLACE (city or town) Decen Consulty full	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Coccil County had	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 26, 193. Where did injury occur? August June 20, 193. (Specify city or town, county and State)
17. INFORMANT Mrs. annie Rutter (Address) Principio Furnace, Mid.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL OREMATION, OR REMOVAL PLANTING OF PROPERT OF REMOVAL PLANTING OF PROPERT OF PROPERT OF PROPERT	Manner of injury trapped in bruning building.
19. UNDERTAKER OF G. Jallusty (Address) Jersyville, And	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Dec 6, 193/ Lo Fi Janders. Registrar.	(Signed) T. Nochung Frazer Covener M. O. (Address) Elster, Incl.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy A A TAMAS 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 13111
1. PLACE OF DEATH	(15-a)
County Cecil	Registration Dist. No. 92
	ND. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred yrs	los
2. FULL NAME and Travel Wi	Clians p
(a) Residence: No. 2 4 4 Landing Van (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Single (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	M O LUEDEDVOEDTIEV THE WAY
(or) WIFE of	22. HEREBY CERTIFY. That I attended deceased fr
6. DATE OF BIRTH (month day and year) Jan 2 1931	I last saw h alive on 1932; death is s
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 C. m.
9 1 day,hrs	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc	Froncho Presser 12/9
9. Industry or business in which	
SAW MILL, BANK, etc 10. Date daceased last worked at this occupation (month and years) year) occupation	
12. BIRTHPLACE (city or town) Electron (State or country) Many family	Other Contributory Causes of importance: Septie Aone throat 12/1/
13. NAME James Harved Williams Sr	
F () () () () ()	
(State or country) Muchanico Ville	Name of operation Date of
	What test confirmed diagnosis? Lub. Cullum Was there an autopsy?
13. MAIDEN NAME COLL STORAGE	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Class Skright 16. BIRTHPLACE (city or town) Cherry Hill (State or country) Warry Land	Accident, suicide, or homicide?
	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Come Hands Williams 2	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
(Address) Witton Many Lund 18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elkton Countery Date Dec 14, 193	Manner of injury
DV (11 D) 14:11	1
19. UNDERTAKER (Addrass)	24. Was disease or injury In any way related to occupation of deceased?
1 0 4 1 2	If so, specify Herbert Bates M
20. FILED & E / 4, 1932 / June 1 / mgc	(Signed) Reference M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5,1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: May 1.1923 Gastroen teritis Gallstones 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH	3112
1. PLACE OF DEATH			
County Ce gil		Registration Dist. No.	19
Village or City Elector	RD#2	ND. St.,	War
Length of residence in city or town where death		f death occurred in a hospital or institution, give its NAME instead of street and sm. How long in U.S. if of foreign birth?m.	
1 0 0	brile Wallace	. [• • 0	103
(a) Residence: No.			
	(Usual place of abode)	St., Ward. If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
The last of the local control	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LEE 70 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced widowed, or divorced widowed, or divorced with the same with th	Leven William	22. I HEREBY CERTIFY That I attended	
6. DATE OF BIRTH (month, day, and year) May	15- 1868	I last saw have alive on 20,192	; death is sai
7. AGE Years Months	Days If LESS than	to have occurred on the dete stated above, at 9 Pm.	
64 7	5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	24	Endocudity and	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date deceased last worked et	14 0000	mysearditis	
work was done, as SILK MILL, SAW MILL, BANK, etc.			
1D. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this - occupation		
12. BIRTHPLACE (city or town) Checale (State or country) Manufa	ake City	Dither Contributory Capses of importance:	12/8/12
	wallace		
14. BIRTHPLACE (city or town) Elector	and	Name of operation Dete of	
	Pain	What test confirmed diegnosis? Was there an	
15. MAIDEN NAME Correlation 16. BIRTHPLACE (city or town) Chaso (Stete or country) Many Lo	peake City	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
17. INFORMANT (Address) El Ktora Mid	illiaus	Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ite) LACE,
18. BURIAL, CREMATION, OR REMOVAL Place Bether Cemetery Da	nte Dec 23, 1932	Manner of injury	
19. UNDERTAKER EXTENSION PROPERTY IN A CARDINA PROPERTY IN A CARDI	min	24. Was disease or injury in any way related to occupation of deceased?	20
20 FILED DEC 13, 1932 J. Ba	nk Busal	(Signed) Lewer Bales (Address) Sexlon and	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	2000	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	BURLAU V S.	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ;		3 days ago
		3	880F A VIAL	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis		1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. JARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH	(2-0)		
County Coul	Registration Dist. No.		
Village or City (near) Cecelton-	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where death occurredyrsmps			
2. FULL NAME Mary Fromes 9	oning		
(a) Residence: No.	St., Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Clember 6 (Month) (Day) (Year)		
Husband of Corn Wife of Conference or Corn Wife of Corn of Cor	1 HEREBY CERTIFY That I attended deceased from		
DATE OF BIRTH (month, day, and year) Morch 160-1872	I last saw her alive on alee 6 ,1932 death is sai		
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
8 Trade profession or particular	Cerebral Semanthan Vac		
kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spent in this spent in this	8 28-		
this occupation (month and yaar)			
2. BIRTHPLACE (city or town) Cleil Co. (Stata or couptry)	Other Contributory Causes of importance;		
13. NAME Dameel Chorekton			
14. BIRTHPLACE (city or town)	Name of operation Date of		
(State or country) Leel LO Jing	What test confirmed diagnosis? Was thara an autopsy?		
15. MAIDEN NAME Elisa Price	23. If death was due to external causes (VIDLENCE) fill in also the following:		
15. MAIDEN NAME Eliga Paces 16. BIRTHPLACE (city or town) O Constant of the C	Accident, suicide, or homicide?		
7. INFORMANT Son-amas Grung (Address) Cecelton mil	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.		
8. BURIAL CREMATION, DR REMOVAL Pièce Self Constitute Date / 2 / 10 1932	Manner of injury		
9. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED/2-8, 1937 Cowau Registrar.	(Signed) Casherine Foods M. (Address) Charles And		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		KECEIVE T	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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